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Housing Learning & Improvement Network

Health Risks and Health Inequalities in Housing: an Assessment Tool

This tool is designed to assess the health risks of housing and the residential environment at the scale of a neighbourhood, housing stock or administrative area. For each health risk, the tool enables a judgement to be recorded about the level of health risk attributable to unhealthy or unsafe housing conditions, and for this to be compared with the adequacy of local practice in mitigating the risk.

Prepared for the Housing Learning & Improvement Network by
Professor Tim Blackman, University of Durham

The Health and Social Care Change Agent Team (CAT) was created by the Department of Health to improve hospital and social care associated arrangements. The Housing Learning & Improvement Network, a section of the CAT, is devoted to housing based models of care and support for adults.



Other Housing LIN publications available at www.changeagentteam.org.uk/housing

<u>Factsheet no.1:</u>	Extra Care Housing - What is it? (28.07.2003 updated August 2004)
<u>Factsheet no.2:</u>	Commissioning and Funding Extra Care Housing (28.07.2003 updated August 2004)
<u>Factsheet no.3:</u>	New Provisions for Older People with Learning Disabilities (23.12.2003 updated August 2004)
<u>Factsheet no.4:</u>	Models of Extra Care Housing and Retirement Communities (04.01.2004 updated August 2004)
<u>Factsheet no.5:</u>	Assistive Technology in Extra Care Housing (20.02.2004 updated August 2004)
<u>Factsheet no.6:</u>	Design Principles for Extra Care (26.07.2004)
<u>Factsheet no.7:</u>	Private Sector Provision of Extra Care Housing (21.07.2004)
<u>Factsheet no.8:</u>	User Involvement in Extra Care Housing (24.08.2004)
<u>Factsheet no.9:</u>	Workforce Issues in Extra Care Housing (04.01.2005)
<u>Factsheet no.10:</u>	Refurbishing or remodelling sheltered housing: a checklist for developiong Extra Care (04.01.2005)
<u>Factsheet no.11:</u>	An Introduction to Extra Care Housing and Intermediate Care (04.01.2005)
<u>Factsheet no.12:</u>	An Introduction to Extra Care Housing in Rural Areas (04.01.2005)
<u>Factsheet no.13:</u>	Eco Housing: Taking Extra Care with environmentally friendly design (04.01.2005)
<u>Factsheet no.14:</u>	Supporting People with dementia in Extra Care Housing (04.01.2005)
<u>Case Study Report:</u>	Achieving Success in the Development of Extra Care Schemes for Older People (July 2004)
<u>Case Studies:</u>	See website
<u>Viewpoint:</u>	See website

Published by: Housing Learning & Improvement Network
Health and Social Care Change Agent Team
Department of Health, Room LG33
Wellington House
135-155 Waterloo Road
London SE1 8UG

Administration: Housing LIN, c/o EAC
3rd Floor
89 Albert Embankment
London SE1 7TP
Tel 020 7820 1682
email housinglin@e-a-c.demon.co.uk

Health and housing risk assessment tool

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Health and housing risk assessment tool

Introduction

This tool was commissioned by the Housing Learning & Improvement Network in the Care Service Improvement Partnership at the Department of Health. It is part of a programme of work on Investing in Healthy Neighbourhoods. The Housing LIN brings together lead commissioners and other stakeholders from social services, primary care and the acute sector to develop whole system solutions to the housing, care and support needs of older and vulnerable people.

The tool provides housing and health professionals with a method for assessing at a strategic level the contribution of housing and neighbourhood improvements to tackling health problems. It has been developed by Tim Blackman, Professor of Sociology and Social Policy in the School of Applied Social Sciences at Durham University, and a Neighbourhood Renewal Advisor with the Office of the Deputy Prime Minister. Comments on the tool and how it could be further improved are welcome (email tim.blackman@dur.ac.uk).

A background briefing on housing and health

The Government's White Paper *Choosing Health*¹ sets out a programme of action that prioritises communities with the worst health and deprivation. The delivery plan² requires PCTs, local councils and other partners to work together to achieve cross-cutting targets to narrow health inequalities and improve the conditions that lead to ill-health.

Housing is one of the wider determinants of health, and poor housing conditions can lead to a wide range of physical and mental health problems. The *Choosing Health* delivery plan identifies housing's contribution to its delivery targets as bringing all social housing up to the new 'decent homes' standard³ by 2010, reducing the amount of non-decent housing in the private sector, eliminating fuel poverty among vulnerable households by 2010, and improving neighbourhood liveability.

Both within and beyond these target areas housing action can achieve health gains. This tool offers a method of identifying these actions at a local strategic level using evidence-based risk assessment.

The significance of housing in pathways to better health is recognised in the National Service Frameworks, the NHS strategies for improving specific areas of care. Health and other services need to be joined up with housing to achieve integrated care and rehabilitation for people with severe and enduring mental health problems and older people with care needs⁴. The adult care Green Paper *Independence, Well-being and Choice* identifies a key role for housing in future developments, including single assessments of need, smart homes and extra care housing. Housing and homelessness services are also integral to the partnership approach set out in the NSF for children and young people⁵.

The policy frameworks for Supporting People⁶ and Older People's Strategies⁷ encompass a range of user groups that require supported housing to be jointly planned and delivered across the boundaries that separate the NHS, local government, housing providers and other partners. As well as older people with support needs and vulnerable young people such as care leavers and teenage parents, these groups include people with mental health problems, people with disabilities, women at risk of domestic violence, homeless households, people with alcohol or drug problems, people with HIV/Aids, offenders or people at risk of offending, refugees, and black and minority ethnic people with particular cultural, language or family needs, or who face harassment.

These groups are at a higher risk of experiencing hazardous housing conditions or homelessness without either short-term or long-term support with obtaining a decent home and living as independently as possible. Failing to provide this support can cause or exacerbate health problems that become more difficult and costly to treat downstream. Housing is an upstream intervention, not just for particular vulnerable groups but across the whole population. Some studies have indicated that significant savings in health care expenditure can be achieved by improving housing conditions⁸.

Health and Housing Risk Assessment Tool

How to use this tool

Health and housing practitioners can use this tool to make a rapid strategic assessment of the health risks of residential environments at the scale of a neighbourhood, housing stock or administrative area. Health risks are listed alphabetically, followed by a brief analysis of how housing or neighbourhood conditions contribute to the risk and a series of good practice points about how to mitigate the risk with housing or neighbourhood measures. The tool includes two checklists. The first is completed by assessing, for each health risk, the extent of housing and neighbourhood conditions known to be associated with the risk, using a five-point scale. The second is completed by assessing how well developed local policy and practice is with regard to minimising the risk to health from these conditions. A column for noting action points is included.

The tool complements the Housing Health & Safety Rating System⁹ used by local authorities and housing organisations to assess hazards in individual dwellings, but is wider in scope and aimed at informing strategic priorities based on judgements about conditions across whole neighbourhoods and areas. The checklists are best completed by a small team familiar with the local context. The ratings of risk severity and adequacy of policy and practice enable an overview to be compiled. Ratings can be entered into an Excel spreadsheet and graphed to show the 'performance gap' between the extent of risk and the extent of good practice. Larger performance gaps point to where action should be prioritised - there is an example in the Appendix. The tool includes a bibliography linked to each health risk by endnotes, and further information about policy and practice development can be found by searching web-based sources using key words from the 'good practice points'. Some useful sources are:

The Centre for Public Health Excellence's evidence web site at:
<<http://www.publichealth.nice.org.uk/page.aspx?o=evidencelibrary>>.

The NICE Health Impact Assessment Gateway at:
<<http://www.publichealth.nice.org.uk/page.aspx?o=HIAGateway>>.

The Department of Health's Health Equity Audit web site at:
<<http://www.dh.gov.uk/assetRoot/04/08/41/39/04084139.pdf>>.

The Neighbourhood Renewal Unit's guide to 'what works' at <<http://www.renewal.net/>>.

The Office of the Deputy Prime Minister's *Research Database* at
<<http://www.rmd.odpm.gov.uk/default.asp>>.

The Chartered Institute of Housing's *Good Practice Unit* at <<http://www.cih.org/gpu/>>.

Completion data

Completed for (area):

Tenure (private/social rented/mixed):

Completed by (name/s and agencies):

Key contact:

Date completed:

Health and Housing Risk Assessment Tool

HEALTH RISK	ANALYSIS	GOOD PRACTICE POINTS	ASSESSMENT OF CURRENT POSITION		
			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
ACCIDENTS AND FIRES	<p>Home accidents caused by environmental hazards are most common among older people and very young children, especially in low income households¹⁰. Most fatal falls are on stairs/steps among people aged 75 plus. Burns, scalds, falls and swallowing objects or poisons are the main risks for young children.</p> <p>Fires are largely caused accidentally, with most injuries due to smoke inhalation. Very young children, older people and flats are most at risk.¹¹</p>	<p>1. There are home accident and fire prevention strategies based on monitoring accident data and assessing risk.</p> <p>2. There is a well-advertised home accident prevention programme, including services provided by home improvement agencies and handyperson schemes, offering handrails, bathroom and kitchen adaptations, safety gates, window catches, etc., available to all older people assessed as at risk and all economically disadvantaged families with very young children.</p> <p>3. There is a well-advertised programme for fitting smoke detectors, preferably mains-operated or ten-year battery operated. There is a target of 100% coverage among vulnerable groups and flats in all tenures.</p> <p>4. There are systems and resources in place for undertaking or enforcing action to remedy defects likely to be a hazard to health, such as dangerous stairs, electrics, plumbing, lighting, etc.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> <i>Don't know</i>	

Health and Housing Risk Assessment Tool

HEALTH RISK	ANALYSIS	GOOD PRACTICE POINTS	ASSESSMENT OF CURRENT POSITION		
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ACCIDENTS AND FIRES	Speeding causes accidents, discourages walking and cycling, and impairs quality of life. Children in deprived areas are particularly vulnerable. Older people are vulnerable to stress from speeding traffic. ¹²	1. Area-wide engineering measures are used to prevent speeding, targeting deprived areas. 2. 20mph speed limits are used in vulnerable residential areas. 3. Policy and practice prioritise pedestrians and cycling.	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
ANXIETY AND DEPRESSION	Anti-social behaviour including harrasment, noise, gangs and vandalism are associated with stress and smoking. ¹³ Deprived areas are most affected.	1. Anti-social behaviour is monitored. 2. Problems are actively targeted with interventions such as neighbourhood wardens, sensitive lettings, mediation or legal action.	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
	Arrears in rent payments and marginal home ownership, where there is a risk of arrears, can be detrimental to mental health. ¹⁴	1. Rents and mortgages are, in general, locally affordable. 2. There is preventative monitoring of rent arrears among social housing tenants. 3. Money advice services are well-advertised and easy to access.	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

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ANXIETY AND DEPRESSION	<p>Burglary can cause emotional stress and encourage smoking¹⁵. Deprived areas are most vulnerable.</p>	<p>1. There is a comprehensive approach to assessing crime risk.</p> <p>2. Standard practice is to design out crime, with measures such as window locks, high security doors, alarms and security lights targeted on less affluent households.</p> <p>3. Procurement practices prioritise crime prevention.</p> <p>4. There is a community alarm service that is available to vulnerable households and repeat victims of crime.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> <i>Don't know</i>	
	<p>Environmental problems such as serious littering, needles, stray dogs and vandalised property are associated with depressed mental health¹⁶.</p> <p>Lack of greenery and trees (including gardens) are associated with poorer general and mental health among adults.¹⁷</p>	<p>1. Environmental problems are identified and rectified quickly.</p> <p>2. Neighbourhood management and wardens are targeted where there are problems.</p> <p>3. Policy and practice are to integrate greenspace into housing developments, including trees (but not large grassed areas).</p> <p>4. There is good maintenance of greenery and trees.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> <i>Don't know</i>	

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ANXIETY AND DEPRESSION	<p>High rise flats have been linked to depressed mental health among women with children.¹⁸</p>	<p>1. High rise allocations to women with children are avoided.</p> <p>2. Women and children in high rise flats receive priority for transfers.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> <i>Don't know</i>	
	<p>Homelessness can lead to poorer mental health¹⁹. Access to primary care can also be an issue.²⁰ People with mental health, drug or alcohol problems are at a higher risk of homelessness.²¹</p> <p>Homeless mothers and children continue to experience a high prevalence of mental health problems after rehousing, with continuing needs for support.²²</p>	<p>1. Homeless households are normally rehoused rapidly in permanent accommodation.</p> <p>2. There are dedicated healthcare services for homeless people, with access to social support.</p> <p>3. There is an integrated approach to homelessness, mental health and drug and alcohol problems.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> <i>Don't know</i>	

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ANXIETY AND DEPRESSION	<p>Information and consultation if poorly handled can cause uncertainty and feelings of powerlessness, especially when potentially disruptive housing improvements are being undertaken, and this has been linked with heightened stress and anxiety^{23 24}.</p>	<p>1. There is generally good communication with residents and tenants about changes affecting their homes and neighbourhoods, including agreed compacts about how they will be involved in decisions.</p> <p>2. There is positive encouragement for tenants and residents associations and they are part of an overall consultation structure.</p> <p>3. There are special measures such as development officers to involve hard-to-reach groups such as older people when changes are proposed.</p> <p>4. Improvement works are generally well-managed to minimise disruption for local residents.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
	<p>Noise such as aircraft, heavy traffic or noisy neighbours can act as a stressor at night by disturbing sleep and during the day by causing serious annoyance²⁵.</p>	<p>1. Services respond rapidly and effectively to noise nuisance.</p> <p>2. The housing stock is not exposed to stressful levels of environmental noise and has adequate noise insulation.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

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ANXIETY AND DEPRESSION	<p>Overcrowding is linked with emotional problems, social tension and irritability²⁶.</p> <p>Black and minority ethnic families are particularly affected by shortages of larger homes.</p>	<p>1. There is a reasonable match between housing supply and housing needs.</p> <p>2. The social housing stock is effectively managed to minimise overcrowding.</p> <p>3. Overcrowding is defined using the bedroom standard.²⁷</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
	<p>Social deprivation concentrated in estates and neighbourhoods with an absence of any better-off households, residential instability and low demand in unpopular housing areas are associated with depressed mental health and other health problems among adults and children^{28 29}.</p>	<p>1. Social landlords use local lettings policies aimed at creating balanced, sustainable communities. Lettings practices that concentrate disadvantage geographically are avoided.</p> <p>2. There are arrangements for private landlord accreditation that promote good practice.</p> <p>3. There is a mixed tenure strategy for new development, redevelopment and in-fill developments.</p> <p>4. Housing market renewal and regeneration are used to create sustainable mixed income communities in consultation with local residents.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

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			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
CANCERS	Homelessness is associated with very high rates of smoking ³⁰ .	1. Homeless households are normally rehoused rapidly in permanent accommodation. 2. There are dedicated healthcare services for homeless people, with access to social support.	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
	Neighbourhood problems may increase smoking prevalence due to psychological distress caused by burglary, harassment, anti-social behaviour or neighbourhood environmental problems such as vandalised property or serious littering ³¹ .	1. Neighbourhood problems are identified and responded to quickly. 2. Neighbourhood management and wardens are targeted where there are problems. 3. There is coordination or integration of environmental services at neighbourhood level.	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
	Radon exposure inside the home is an appreciable risk factor for lung cancer, especially among smokers and in rural areas. ³²	1. Properties and residential land affected by radon have been identified. 2. Locations significantly affected by hazardous concentrations of radon have received appropriate action such as increasing underfloor ventilation with airbricks and installing extractor fans and radon proof barriers at the ground level of new buildings.	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

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HEALTH RISK	ANALYSIS	GOOD PRACTICE POINTS	ASSESSMENT OF CURRENT POSITION		
			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
CHILD DEVELOPMENT	<p>Homelessness has been linked to lower educational achievement among children. Bed & breakfast accommodation has been found to pose a particular risk to the health and development of children³³.</p>	<p>1. Homeless households are normally rehoused rapidly in permanent accommodation.</p> <p>2. There are dedicated healthcare services for homeless people, with access to social support.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
	<p>Overcrowding has been linked to developmental delay, bed-wetting and poorer educational attainment and mental adjustment among children³⁴.</p>	<p>1. There is a reasonable match between housing supply and housing needs.</p> <p>2. The social housing stock is effectively managed to minimise overcrowding.</p> <p>3. Overcrowding is defined using the 'bedroom standard'.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

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			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
CHILD DEVELOPMENT	<p><i>Social deprivation</i> concentrated in estates and neighbourhoods with an absence of any middle or upper income households is associated with poorer cognitive and emotional well-being of children and adolescents³⁵.</p>	<p>1. Social landlords use local lettings policies aimed at creating balanced, sustainable communities. Lettings practices that concentrate disadvantage geographically are avoided.</p> <p>2. There are arrangements for private landlord accreditation that promote good practice.</p> <p>3. There is a mixed tenure strategy for new development, redevelopment and in-fill developments.</p> <p>4. Housing market renewal and regeneration are used to create sustainable mixed income communities in consultation with local residents.</p>	<p><input type="checkbox"/> Very common</p> <p><input type="checkbox"/> Fairly common</p> <p><input type="checkbox"/> Quite rare</p> <p><input type="checkbox"/> Very rare</p> <p><input type="checkbox"/> Absent</p> <p><input type="checkbox"/> <i>Don't know</i></p>	<p><input type="checkbox"/> Very well developed</p> <p><input type="checkbox"/> Well developed</p> <p><input type="checkbox"/> Adequate</p> <p><input type="checkbox"/> Needs some development</p> <p><input type="checkbox"/> Needs a lot of development</p> <p><input type="checkbox"/> <i>Don't know</i></p>	

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CIRCULATORY ILLNESS	<p>Cold homes with inadequate insulation or heating can cause cold-related medical problems, particularly in older housing. These affect all age groups but especially older people. Mortality from ischaemic heart disease and cerebrovascular disease accounts for about half of all excess cold-related deaths³⁶.</p>	<p>1. There is up-to-date survey data for all tenures and a programme with targets to insulate homes and install central heating to current standards.</p> <p>2. 100% of fuel poor households are targeted for energy efficiency measures and, in the longer term, all energy inefficient properties.</p> <p>3. There are special measures to tackle fuel poverty among hard-to-reach groups.</p> <p>4. Energy efficiency programmes include advice on benefits and how to operate new heating systems (especially for older people).</p> <p>5. There is proactive use of powers to improve the energy efficiency of private sector homes.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
	<p>Noise may impair cardiovascular health, such as from aircraft or heavy traffic, acting as a stressor at night by disturbing sleep and causing serious annoyance during the day³⁷.</p>	<p>1. Services respond rapidly and effectively to noise nuisance.</p> <p>2. The housing stock is not exposed to stressful levels of environmental noise and has adequate noise insulation.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

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HEALTH RISK	ANALYSIS	GOOD PRACTICE POINTS	ASSESSMENT OF CURRENT POSITION		
			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
DISABILITY	<p>Mobility problems in the home present a risk of accidents and depression³⁸ ³⁹.</p>	<p>1. The housing stock substantially meets the needs of people with disabilities regarding availability, size, adaptations and support, without long waiting lists or households having to move unnecessarily.</p> <p>2. Community equipment services, housing services and care services are well integrated⁴⁰.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
	<p>Inaccessible public spaces both indoors and outdoors can discourage physical activity and social participation, and may impair mental health and access to services and amenities⁴¹.</p>	<p>1. Accessibility of public spaces is an essential part of local planning, with attention to details such as clear footways, dropped kerbs, ramped accesses, clear signage, accessible public toilets, seating, accessible public transport and appropriate car parking⁴².</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

Health and Housing Risk Assessment Tool

HEALTH RISK	ANALYSIS	GOOD PRACTICE POINTS	ASSESSMENT OF CURRENT POSITION		
			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
EVIDENCE AND STAFF DEVELOPMENT	Systematic appraisal of evidence is a basis for effective and accountable decision-making ^{43 44} .	<p>1. Policy makers, managers and practitioners have available to them information on research and best practice.</p> <p>2. Decisions are demonstrably rooted in evidence from research and best practice.</p> <p>3. Decision-makers have the skills to locate, appraise and apply evidence.</p> <p>4. Residents and tenants are involved in participatory research projects.</p> <p>5. Evidence is shared with the public to account for decisions.</p>	<input type="checkbox"/> Absent <input type="checkbox"/> Very rare <input type="checkbox"/> Quite rare <input type="checkbox"/> Fairly common <input type="checkbox"/> Very common <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
HEALTH CARE COSTS	Partnership working can generate solutions that single agencies cannot solve and make better use of existing resources to improve health ⁴⁵ .	<p>1. There are well-led and effective partnerships between housing and health agencies and professionals.</p> <p>2. Housing, care and community equipment services are integrated.</p> <p>3. There is a shared understanding of housing, care and support needs and provision.</p>	<input type="checkbox"/> Absent <input type="checkbox"/> Very rare <input type="checkbox"/> Quite rare <input type="checkbox"/> Fairly common <input type="checkbox"/> Very common <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

Health and Housing Risk Assessment Tool

HEALTH RISK	ANALYSIS	GOOD PRACTICE POINTS	ASSESSMENT OF CURRENT POSITION		
			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
HEALTH CARE COSTS	<p>Policies that focus housing action on health improvement can achieve health gains and release health care resources⁴⁶.</p> <p>Home adaptations and assistive technology can substitute for or supplement formal care services; costs are likely to be recouped through subsequently lower care costs⁴⁷.</p>	<p>1. Housing need assessments include evidence of the impacts of housing on health, with the results reflected in policy and practice decisions.</p> <p>2. Policy linkages between housing and health at a strategic level are achieved through the Local Strategic Partnership.</p> <p>3. Health impact assessments are undertaken of strategic housing decisions and schemes.</p> <p>4. Health equity audits include a comprehensive consideration of the effects of housing on health inequalities.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
NUTRITION AND OBESITY	<p>Exercise may be discouraged by the environment, increasing risks of obesity, heart disease, cancer and diabetes^{48 49}. Walkable neighbourhoods (including having places to walk to) are associated with higher social capital, better health and less likelihood of residents being overweight^{50 51 52}.</p>	<p>1. There are local opportunities for safe, active play for children.</p> <p>2. There are safe and pleasant conditions for walking and cycling, including safe routes to school.</p> <p>3. Neighbourhoods encourage walking and cycling because there are nearby shops and schools, trees and greenery, low traffic flows and crime rates, and freedom from litter and uncontrolled dogs.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

Health and Housing Risk Assessment Tool

HEALTH RISK	ANALYSIS	GOOD PRACTICE POINTS	ASSESSMENT OF CURRENT POSITION		
			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
NUTRITION AND OBESITY	<i>Fruit and vegetables</i> at reasonable prices may not be available in deprived areas or accessible without a car ⁵³ . Fruit and vegetables can protect against heart disease, cancer and other illnesses.	<p>1. 'Food deserts' are identified and tackled with initiatives such as food co-ops and allotments.</p> <p>2. Improvement schemes for social rented housing that include kitchen replacements include promoting healthy cooking.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> <i>Don't know</i>	
	<i>Rent arrears</i> can be detrimental to health, especially impacting on child nutrition ⁵⁴ .	<p>1. Rents and mortgages are, in general, locally affordable.</p> <p>2. There is preventative monitoring of rent arrears among social housing tenants.</p> <p>3. Money advice services are well-advertised and easy to access.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> <i>Don't know</i>	
RESPIRATORY ILLNESS	<i>Damp homes and condensation</i> may promote mould growth and dust mites, causing respiratory problems, especially among young children, older people and allergy sufferers ⁵⁵ .	<p>1. There is up-to-date survey data on extent of damp and condensation in homes.</p> <p>2. There is a programme with targets to remedy defects, faults and energy inefficiency in damp homes.</p> <p>3. Disadvantaged households and deprived areas are prioritised.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> <i>Don't know</i>	

Health and Housing Risk Assessment Tool

HEALTH RISK	ANALYSIS	GOOD PRACTICE POINTS	ASSESSMENT OF CURRENT POSITION		
			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
RESPIRATORY ILLNESS	<p>Homelessness, especially if sleeping rough, is associated with chronic chest problems⁵⁶.</p>	<p>1. Homeless households are normally rehoused rapidly in permanent accommodation.</p> <p>2. There are dedicated healthcare services for homeless people, with access to social support.</p> <p>3. There is an integrated approach to homelessness, mental health and drug and alcohol problems.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	
	<p>Overcrowding is associated with increased risk of infectious or respiratory diseases.⁵⁷ BME households are particularly affected by shortages of larger homes.</p>	<p>1. There is a reasonable match between housing supply and housing needs.</p> <p>2. The social housing stock is effectively managed to minimise overcrowding.</p> <p>3. Overcrowding is defined using the bedroom standard.⁵⁸</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

Health and Housing Risk Assessment Tool

HEALTH RISK	ANALYSIS	GOOD PRACTICE POINTS	ASSESSMENT OF CURRENT POSITION		
			EXTENT OF PROBLEM	POLICY & PRACTICE	ACTION POINTS
RESPIRATORY ILLNESS	<p>Restricted ventilation can increase exposure in the home to tobacco smoke and allergens, as well as other health-damaging pollutants. Condensation, mould growth and pests are further risks of poor home ventilation.⁵⁹</p> <p>Ventilation is necessary to keep dust mites below sensitisation thresholds and lower asthma risk⁶⁰.</p> <p>Multiple sealing and insulation can reduce ventilation, increasing risk of eye and nasal complaints, headache and tiredness⁶¹.</p> <p>Heat-related deaths are far fewer than cold-related deaths, but safe opening of windows and shade need to be considered for older, frail residents⁶².</p>	<p>1. A risk assessment has been undertaken of dwelling types with low rates of air change and these are targeted for action.</p> <p>2. Energy efficiency programmes combine optimal ventilation with minimising heat loss.</p> <p>3. Mechanical heat recovery ventilation, especially in winter, is used in appropriate cases (such as asthma in the household) to improve air quality and lung function.</p>	<input type="checkbox"/> Very common <input type="checkbox"/> Fairly common <input type="checkbox"/> Quite rare <input type="checkbox"/> Very rare <input type="checkbox"/> Absent <input type="checkbox"/> Don't know	<input type="checkbox"/> Very well developed <input type="checkbox"/> Well developed <input type="checkbox"/> Adequate <input type="checkbox"/> Needs some development <input type="checkbox"/> Needs a lot of development <input type="checkbox"/> Don't know	

Appendix

This appendix shows on the next page an Excel spreadsheet into which data from a completed risk assessment has been entered. For each health risk and associated housing issue, the rating scale scores for extent and for current policy and practice are shown.

On the following page, there is a radar graph produced from the data for *depression and anxiety risks*. The red line indicates the 'extent' scores, with extent increasing outwards on a scale of 1-5. The blue line indicates assessments of current policy and practice, with this improving outwards on a scale of 1-5. The 'performance gap' is largest for environmental problems, neighbourhood problems and concentrated social deprivation, indicating that these issues should be priorities for action.

Actions that would need to be considered in these circumstances would include:

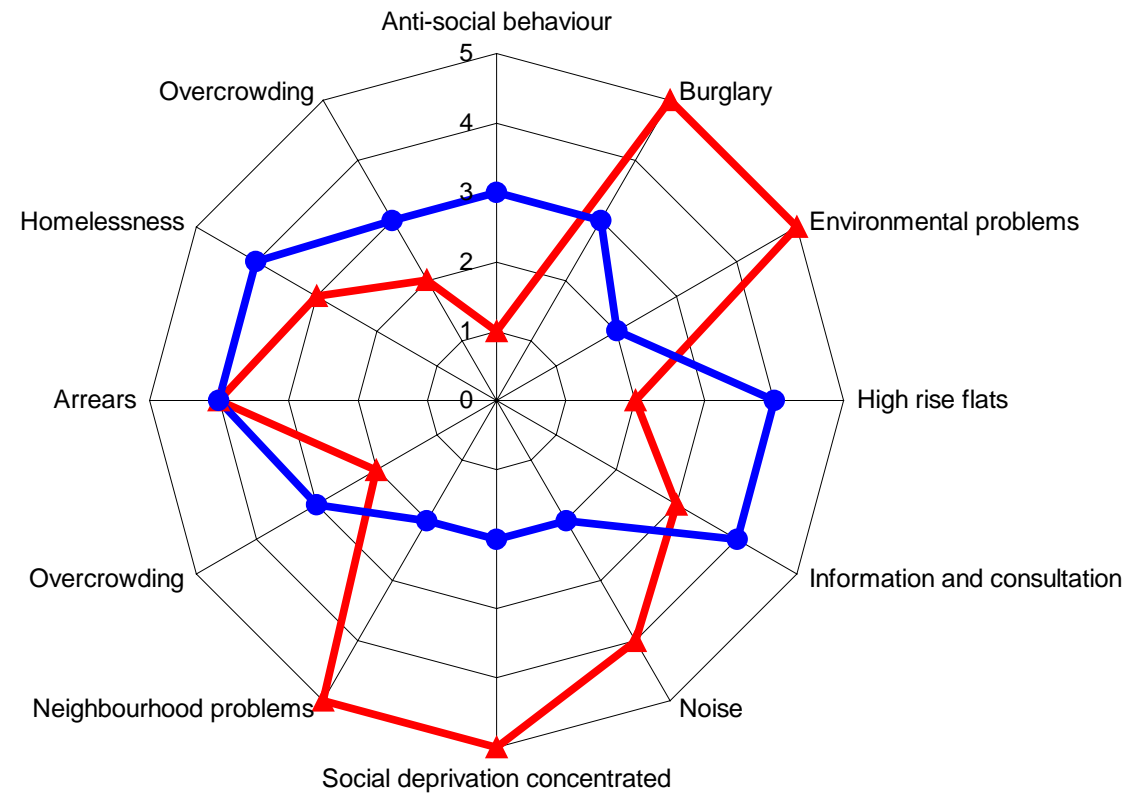
- A more detailed assessment of these problems
- Reviewing evidence about good practice to tackle these problems
- Meeting any professional development or training needs
- Formulation and implementation of joint action plans
- Monitoring and evaluation.

Health and Housing Risk Assessment Tool

Excel spreadsheet showing an example of data input from a section of a completed risk assessment

Rating scales:	Extent of problem			Policy & practice				
	Very common	5	Very rare	2	Very well developed	5	Needs some development	2
	Fairly common	4	Absent	1	Well developed	4	Needs a lot of development	1
	Quite rare	3	Don't know	0	Adequate	3	Don't know	0
Health risk				Housing issue		Extent of problem		Policy & practice
Accidents and fires:				Home accidents		3		4
Accidents and fires:				Speeding		2		2
Anxiety and depression:				Anti-social behaviour		1		3
Anxiety and depression:				Burglary		5		3
Anxiety and depression:				Environmental problems		5		2
Anxiety and depression:				High rise flats		2		4
Anxiety and depression:				Information and consultation		3		4
Anxiety and depression, circulatory illness:				Noise		4		2
Anxiety and depression, child development:				Social deprivation concentrated		5		2
Anxiety and depression, child development:				Neighbourhood problems		5		2
Anxiety and depression, child development:				Overcrowding		2		3
Anxiety and depression, cancers, nutrition:				Arrears		4		4
Anxiety/depression, cancers, child development, respiratory illnesses:				Homelessness		3		4
Anxiety/depression, cancers, child development, respiratory illnesses:				Overcrowding		2		3
Cancers:				Radon exposure		0		0
Circulatory illness:				Cold homes		4		4
Disability:				Mobility problems in the home		4		1
Disability:				Inaccessible public spaces		2		5
Evidence and staff development				Systematic appraisals of evidence		3		4
Health care costs:				Partnership working		3		4
Health care costs:				Policies		5		1
Nutrition and obesity:				Exercise opportunities		5		2
Nutrition and obesity:				Fruit and vegetables availability		5		1
Respiratory illness:				Damp homes and condensation		3		3
Respiratory illness:				Ventilation		0		4

Risks (red) and policy & practice (blue) compared for causes of anxiety and depression



BIBLIOGRAPHY

- ¹ Department of Health (2004) *Choosing Health: making healthier choices easier*, Cm 6374.
- ² Department of Health (2005) *Delivering Choosing Health*.
- ³ Office of the Deputy Prime Minister (2004) *A Decent Home: The definition and guidance for implementation*, London: ODPM.
<http://www.odpm.gov.uk/stellent/groups/odpm_housing/documents/page/odpm_house_027427.hcsp>.
- ⁴ Department of Health (1999) *National Service Framework for Mental Health*; Department of Health (2001) *National Service Framework for Older People*.
- ⁵ Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services*.
<http://www.dh.gov.uk/assetRoot/04/09/09/83/04090983.pdf>
- ⁷ <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/fs/en>
- ⁸ Barrow, M. and Bachan, R. (1997) *The Real Cost of Poor Homes: Footing the Bill*, London: The Royal Institution of Chartered Surveyors; Carr-Hill, R. A., Coyle, D. and Ivins, C. (1993) *Poor Housing: Poor Health?*, Unpublished report for the Department of Environment, Centre for Health Economics, University of York; Peters, J. and Stevenson, M. (2000) 'Modelling the health cost of cold damp housing' in Rudge, J. and Nicol, F. (eds) *Cutting the Cost of Cold: Affordable Warmth for Healthier Homes*, London: E & FN Spon, pp. 143-154.
- ⁹ Office of the Deputy Prime Minister (2004) *Housing Health and Safety Rating System Guidance (Version 2)*, London: ODPM.
<http://www.odpm.gov.uk/stellent/groups/odpm_housing/documents/page/odpm_house_032782.pdf>.
- ¹⁰ Battersby, S., Landon, M., Moore, R., Ormandy, D. and Wilkinson, P. (2002) *Statistical Evidence to Support the Housing Health and Safety Rating System*, Vol 2, London: Office of the Deputy Prime Minister. <http://www.odpm.gov.uk/stellent/groups/odpm_housing/documents/page/odpm_house_024524.pdf>.
- ¹¹ See (10).
- ¹² Crombie, H. (undated) *The Impact of Transport and Road Traffic Speed on Health*, London: Health Development Agency.
- ¹³ Blackman, T. and Harvey, J. (2001) 'Housing renewal and mental health: A case study', *Journal of Mental Health*, Vol. 10, No. 5, pp. 571-583
- ¹⁴ Nettleton, S. and Burrows, R. (1998) 'Mortgage debt, insecure ownership and health: an exploratory analysis', *Sociology of Health & Illness*, 20 (5) 731-753.
- ¹⁵ See (13).
- ¹⁶ Weich, S., Burton, E., Blanchard, M., Prince, M., Sproston, K. and Erens, B. (2001) 'Measuring the built environment: validity of a site survey instrument for use in urban settings', *Health & Place*, 7, 283-292.
- ¹⁷ Jackson, L. E. (2003) 'The relationship of urban design to human health and condition' *Landscape and Urban Planning*, 64, 191-200.
- ¹⁸ Halpern, D. (1995) *More than Bricks and Mortar?: Mental Health and the Built Environment*, London: Taylor & Francis.
- ¹⁹ Connelly, J. and Crown, J. (eds) (1994) *Homelessness and ill health*, London: Royal College of Physicians.
- ²⁰ British Medical Association (2003) *Housing and health: building for the future*, London: BMA.
- ²¹ Department of Health (1999) *National Service Framework for Mental Health*.
- ²² Vostanis, P., Grattan, E. and Cumella, S. (1998) 'Mental health problems of homeless children and families: longitudinal study', *British Medical Journal*, 316, pp. 899-902.
- ²³ Ambrose, P. (2000) *A drop in the ocean: the health gain from the Central Stepney SRB in the context of national health inequalities*, London: The Health and Social Policy Research Centre, University of Brighton.
- ²⁴ Green, G., Gilbertson, J. M. and Grimsley, M. F. J. (2002) 'Fear of crime and health in residential tower blocks: A case study in Liverpool, UK', *European Journal of Public Health*, 12 (1), pp. 10-15.
- ²⁵ Bonnefoy, X. R., Annesi-Maesano, I., Aznar, L. M., Braubach, M., Croxford, B., Davidson, M., Ezratty, V., Fredouille, J., Gonzalez-Gross, M., van Kamp, I., Maschke, C., Mesbah, M., Moissonnier, B., Monolbaev, K., Moore, R., Nicol, S., Niemann, H., Nygren, C., Ormandy, D., Röbbel, N. and Rudnai, P. (2004) *Review of evidence on housing and health*, World Health Organisation (Europe) <<http://www.euro.who.int/document/HOH/ebackdoc01.pdf>>.
- ²⁶ See (18).

- ²⁷ The definition of the bedroom standard is that there should be one bedroom for each married/co-habiting couple; other person aged 21 and over; pair of adolescents aged 10-20 of the same sex; pair of children aged under 10; and unpaired child/adolescent.
- ²⁸ Acevedo-Garcia, D. and Lochner, K. A. (2003) 'Residential Segregation and Health' in Kawachi, I. and Berkman, L. F. (eds) *Neighborhoods and Health*, Oxford: Oxford University Press.
- ²⁹ Wen, M., Browning, C. R. and Cagney, K. A. (2003) 'Poverty, affluence, and income inequality: neighborhood economic structure and its implications for health' *Social Science & Medicine*, 57, 843-860
- ³⁰ Crosier, A. (2004) *Homelessness, smoking and health*, London: Health Development Agency; Heffron, W A., Skipper, B J. and Lambert, L. (1997) 'Health and lifestyle issues as risk factors for homelessness', *The Journal Of The American Board Of Family Practice*, 10 (1) pp. 6-12.
- ³¹ Blackman, T. and Harvey, J. (2001) 'Housing renewal and mental health: A case study', *Journal of Mental Health*, 10 (5), pp. 571-583; Parkes, A. and Kearns, A. (2004) *The Multi-dimensional Neighbourhood and Health: A Cross-Sectional Analysis of the Scottish Household Survey, 2001*, CNR Paper 19, Glasgow: ESRC Centre for Neighbourhood Research.
- ³² Darby, S. *et al.* (2004) 'Radon in homes and risk of lung-cancer: collaborative analysis of individual data from 13 European case-control studies' *BMJ*, doi:10.1136/bmj.38308.477650.63 (published 21 December 2004).
- ³³ Connelly, J. and Crown, J. (eds) (1994) *Homelessness and ill health*, London: Royal College of Physicians.
- ³⁴ See (18).
- ³⁵ Curtis, L. J., Dooley, M. D. and Phipps, S. A. (2004) 'Child well-being and neighbourhood quality: evidence from the Canadian National Longitudinal Survey of Children and Youth', *Social Science & Medicine*, 58 (10), pp. 1917-1927.
- ³⁶ Goodwin, J. (2000) 'Cold stress, circulatory illness and the elderly' in J. Rudge and F. Nicol (eds) *Cutting the Cost of Cold*, London: E & FN Spon.
- ³⁷ See (25).
- ³⁸ See (25).
- ³⁹ Easterbrook, L. (2002) *Healthy Homes, Healthier Lives*, Nottingham: Care & Repair England. <<http://www.careandrepair-england.org.uk/pdf/healthyhomes.pdf>>.
- ⁴⁰ See <http://www.icesdoh.org/>
- ⁴¹ Scheidt, R. J. and Windley, P. G. (2003) *Physical Environments and Aging*, Binghamton, NY: The Haworth Press.
- ⁴² Office of the Deputy Prime Minister, *Planning and access for disabled people: a good practice guide*.
http://www.odpm.gov.uk/stellent/groups/odpm_planning/documents/page/odpm_plan_609460.hcsp
- ⁴³ Gray, J. A. M. (1997) *Evidence-Based Healthcare*, London: Churchill Livingstone.
- ⁴⁴ <http://www.policyhub.gov.uk/>
- ⁴⁵ Markwell, S., Watson, J., Speller, V., Platt, S. and Younger, T. (2003) *The Working Partnership*, Book 1: Introduction. London: Health Development Agency.
- ⁴⁶ Barrow, M. and Bachan, R. (1997) *The Real Cost of Poor Homes: Footing the Bill*, London: The Royal Institution of Chartered Surveyors.
- ⁴⁷ Lansley, P., McCreadie, C., Tinker, A., Flanagan, S., Goodacre K. and Turner-Smith, A. (2004) 'Adapting the homes of older people: a case study of costs and savings', *Building Research and Information*, 32 (6), pp. 468-483.
- ⁴⁸ House of Commons Health Committee (2004) *Obesity: Third Report of Session 2003-04*, Vol. 1, HC 23-1, London: The Stationery Office.
- ⁴⁹ Pikora, T., Giles-Corti, B., Bull, F., Jamrozik, K. and Donovan, R. (2003) 'Developing a framework for assessment of the environmental determinants of walking and cycling', *Social Science & Medicine*, 56, pp. 1693-1703.
- ⁵⁰ Leyden, K. M. (2003) 'Social Capital and the Built Environment: The Importance of Walkable Neighborhoods', *American Journal of Public Health*, 93 (9) pp. 1546-1551.
- ⁵¹ Saelens, B. E., Sallis, J. F., Black, J. B. and Chen, D. (2003) 'Neighborhood-Based Differences in Physical Activity: An Environment Scale Evaluation', *American Journal of Public Health*, 93 (9) pp. 1552-1558.
- ⁵² Giles-Corti, B. and Donovan, R. J. (2002) 'Socioeconomic status differences in recreational physical activity levels and real and perceived access to a supportive physical environment', *Preventative Medicine*, 35 (6), pp. 601-611.
- ⁵³ Wrigley, N. (2002) "Food Deserts" in British Cities: Policy Context and Research Priorities', *Urban Studies*, 39 (11), pp. 2029-2040.

⁵⁴ McGonigle, G. and Kirby, J. (1936) 'Poverty, nutrition and public health', *Poverty & Public Health*, Gillencz.

⁵⁵ Burridge, R. and Ormandy, D. (1993) *Unhealthy Housing: Research, remedies and reform*, London: E & FN Spon.

⁵⁶ Connelly, J. and Crown, J. (eds) (1994) *Homelessness and ill health: Report of a working party of the Royal College of Physicians*, London: Royal College of Physicians.

⁵⁷ See (25).

⁵⁸ The definition of the bedroom standard is that there should be one bedroom for each married/co-habiting couple; other person aged 21 and over; pair of adolescents aged 10-20 of the same sex; pair of children aged under 10; and unpaired child/adolescent.

⁵⁹ See (10).

⁶⁰ Howieson, S. G., Lawson, A., McSharry, C., Morris, G., McKenzie, E. and Jackson, J. (2003) *Domestic ventilation rates, indoor humidity and dust mite allergens – Are our homes causing the asthma pandemic?* Paper presented at the 'Healthy Housing: promoting good health' conference, University of Warwick, 19-21 March 2003.

⁶¹ Engvall, K., Norrby, C. and Norback, D. (2003) 'Ocular, nasal, dermal and respiratory symptoms in relation to heating, ventilation, energy conservation, and reconstruction of older multi-family houses' *Indoor Air*, Vol. 13, No. 3, pp. 206-211.

⁶² Keatinge, W. R. (2003) 'Death in heat waves', *British Medical Journal*, Vol. 327, pp. 512-513.

Health and Housing: Practitioners Checklist

There are widely accepted links between many common health problems and housing conditions.

Some of these health problems can be tackled by referral to a housing service which can help a particular individual. The following chart summarises some of the key health risks, their housing link, possible action and organisations that may be able to help.

There are also more general housing and environmental impacts on health that cannot be addressed on a one to one basis, e.g. high crime, litter, air and noise pollution.

In such cases it would be useful to pass on information about the housing and neighbourhood problems that you are coming across to your managers and policy officers. They can then work with housing providers and others to bring about local environmental improvements.

To assist with such planning '*Health Risks and Health Inequalities in Housing: an Assessment Tool*' is available from the Housing Learning & Improvement Network at www.changeagentteam.org.uk/housing

This information is produced by housing charity, Care & Repair England for the Department of Health's Housing Learning & Improvement Network.



*Housing Learning & Improvement
Network*

Published June 2005

Practitioners Checklist

Health Risk	Housing Link	Possible action	Who can help?
ACCIDENTS	Home accidents caused by environmental hazards are most common amongst older people and very young children, especially in low income households.	Most areas now have accident prevention, home safety check or falls prevention schemes. People are usually visited in their home and major hazards identified. Some offer free or low cost remedial help, eg. small repairs or adaptations.	(see codes below)
- GENERAL	Burns, scalds, falls and swallowing objects are the main risks for young children.	Safety check with installation of stair gates, cooker guards etc. for children.	PCT RoSPA
-FALLS	Most fatal falls are on stairs/ steps amongst people 75yrs +.	Falls services may make improvements to the home, suggest exercise programmes and check use of medication.	HIA PCT AC
-FIRES	Fires are largely caused accidentally, with most injuries resulting from smoke inhalation.	Fire services and some voluntary organisations give out free smoke alarms to vulnerable households.	HIA AC
-CARBON MONOXIDE	Low level CO poisoning symptoms may be mistaken for viral infection eg. nausea, headaches, chest pain. Faulty gas fires and blocked chimneys are the main cause.	Carbon monoxide detectors can be installed by some safety check schemes. Contact the landlord or fuel utility company for a gas safety check/ to arrange servicing of equipment, cleaning of chimneys and flues.	HIA AC LL
-ELECTRICITY	Risk of injury caused by electric shock or fire, trip hazard from trailing wires where sockets are overloaded.	Fuel utility safety check. Landlord requested to act. Obtain help to organise rewiring.	LL HIA HAC
INFECTIONS	Inadequate, old and un-hygienic food preparation and washing facilities can add to risk of infections and gastric illness, particularly amongst older people and children.	Improve kitchen and bathroom facilities. Landlords responsible for this incase of rented homes.	HIA LA LL

ANXIETY AND DEPRESSION	Worry about crime, harassment, vandalism, Overcrowding Worry about living alone Debt, worry about repair costs	Install security measures Re-housing Move home Financial advice	HIA LA HAC EAC CAB
CANCERS	Radon gas exposure increases lung cancer risk.	Increase underfloor ventilation	LA HIA
CIRCULATORY ILLNESS	Cold homes with inadequate insulation and heating can cause cold related medical problems, particularly in older people. Mortality from ischaemic heart disease and cerebrovascular disease accounts for about half of all excess cold related deaths.	Improve heating and ventilation Financial advice (to increase income to pay for heating)	WF HIA LL LA CAB
DISABILITY	Mobility problems around the home can increase accident risk and depression.	Home Adaptations	HIA DLC SS
RESPIRATORY ILLNESS	Damp homes and condensation may promote mould growth and dust mites, causing respiratory problems, especially among young children, older people and allergy sufferers. Restricted ventilation can increase health damage by pollutants, is linked to increase in eye and nasal infections, headaches and tiredness. Overcrowding is associated with increased risk of disease.	Improve heating and ventilation. Deal with cause of damp Reduce moisture level in home Re-housing	HIA WF LL CAB HAC

Finding out more

Care & Repair England's *Healthy Homes, Healthier Lives* programme aims to raise awareness of the ways in which poor or unsuitable housing can have a negative affect upon people's health and well-being and to encourage referral to housing related services that can improve living conditions. It offers freely downloadable resources including:

- a *Training Kit* for use in a range of practice settings;
- a *Healthy Homes, Healthier Lives* Self-training workbook

Available from www.careandrepair-england.org.uk click on 'Healthy Homes'.

For more information contact Vicki Jellings, at Care & Repair England Tel: 0117 924 9046 (direct) or 0115 950 6500 (head office) Email: Vicki.jellings@freenetname.co.uk

A-Z of who can help

AC Age Concern England

National information and fact sheets Tel 0800 009966 www.ageconcern.org.uk . Local groups may offer financial advice and practical help (eg. odd jobs & gardening)

CAB Citizens Advice Bureaux

Local offices provide information and advice on all topic, including welfare benefits and housing. To find your nearest branch ring 020 7833 2181. www.citizensadvice.org.uk

DLC Disabled Living Centres

At some local centres disabled people can see and try out equipment that helps them to live independently and trained staff can give impartial information and advice. To find nearest centre Tel: 0161 834 1044 www.dlcc.org.uk

EAC Elderly Accommodation Counsel

Provide information and advice about housing options for older people. 020 7820 1343 www.housingcare.org

HAC Housing Advice Centres

Local HACs can give advice about most housing matters but most often deal with landlord and tenant problems, homelessness and re-housing.

HIA Home Improvement Agencies

These are the main source of housing help for owner occupiers. Often know as Care & Repair or Staying Put, these local services help older and disabled people with home repairs and adaptations. Many run small repair, adaptation, security, safety and falls check schemes. To find your local HIA Tel: 01457 891 909 wwwFOUNDATIONS.uk.com

LA Local Authority

Responsible for repair and adaptation of council housing. Environmental health dept. administers grants for adaptations and may help owner occupiers with repairs.

LL Landlords

The way that you can help people with their housing problem will usually be different for tenants and owner occupiers. The landlord, often the local authority or a housing association, is responsible for maintenance of most aspects of the properties that they rent out and will usually be the first organisation to contact about disrepair.

PCT Primary Care Trusts

May be the providers, or more often the commissioners, of falls prevention services. Also have wider public health responsibilities.

RoSPA Royal Society for the Prevention of Accidents

Provide information and advice about all aspects of safety www.rospe.org.uk

SS Social Services

Social Services occupational therapists are usually the main route to obtaining help with, advice about and grants for adaptations.

WF Warm Front

This is a national, government funded grant scheme offering grants for insulation and central heating installation. Tel 0800 072 0150 www.eaga.co.uk